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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration OR Declaration Submitted after Initial Filing--surcharge 37 CFR 1.16(e) required

Attorney Docket No.	P9520
First Named Inventor	Robert F. Baugh, et al
COMPLETE IF KNOWN	
Application Number	09/832,729
Filing Date	April 9, 2001
Group Art Unit	1723
Examiner Name	Not Yet Accorded

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOLOGOUS PLATELET GEL SPRAY DELIVERY SYSTEM

the specification of which

is attached hereto

OR

was filed on
(MM/DD/YYYY)

04/09/01

as U.S. Application No. or
PCT International Application No.

09/832,729

and was amended on
(MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)



DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)
09/063,338 08/640,278	04/30/98 04/30/96	

Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Customer Number 25235 Place bar code label here 

OR

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

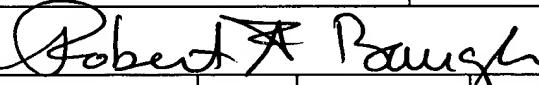
Direct all correspondence to: Customer Number OR Correspondence
or Bar Code Label address below

Name	Steven C. Petersen					
Address	Hogan & Hartson, LLP					
Address	1200 17 th Street, Suite 1500					
City	Denver	State	CO	ZIP	80202	
Country	US	Telephone	(720) 406-5315	Fax	(720) 406-5301	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor.

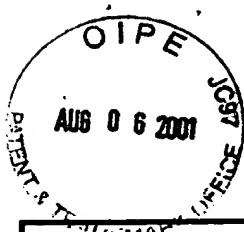
Given Name (first and middle [if any])	Family Name or Surname
Robert F.	Baugh

Inventor's Signature						Date	7/27/01
Residence City	Parker	State	CO	Country	US	Citizenship	US

Post Office Address	7926 Windcrest Row						
Post Office Address	7926 Windcrest Row						

City	Parker	State	CO	ZIP	80134	Country	US
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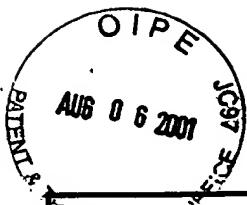
Additional inventors are named on 2 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached



DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Lisa M.		Lim						
Inventor's Signature	<i>Lisa M. Lim</i>						Date	7/24/01
Residence: City	Mill Creek	State	WA	Country	US	Citizenship	US	
Post Office Address	15906 29 th Drive SE							
Post Office Address	15906 29 th Drive SE							
City	Mill Creek	State	WA	ZIP	98012	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Julie S.		Eaton						
Inventor's Signature							Date	
Residence: City	Conifer	State	CO	Country	US	Citizenship	US	
Post Office Address	12553 S. Wamblee Valley Road							
Post Office Address	12553 S. Wamblee Valley Road							
City	Conifer	State	CO	ZIP	80433	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
John G.		Rivera						
Inventor's Signature							Date	
Residence: City	Reading	State	PA	Country	US	Citizenship	US	
Post Office Address	5300 Oley Turnpike Road							
Post Office Address	5300 Oley Turnpike Road							
City	Reading	State	PA	ZIP	19606	Country	US	

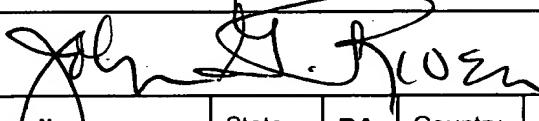


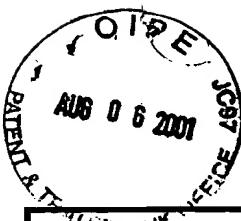
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Lisa M.		Lim					
Inventor's Signature						Date	
Residence: City	Mill Creek	State	WA	Country	US	Citizenship	US
Post Office Address	15906 29 th Drive SE						
Post Office Address	15906 29 th Drive SE						
City	Mill Creek	State	WA	ZIP	98012	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Julie S.		Eaton					
Inventor's Signature	<i>Julie S. Eaton</i>					Date	7/25/01
Residence: City	Conifer	State	CO	Country	US	Citizenship	US
Post Office Address	12553 S. Wamblee Valley Road						
Post Office Address	12553 S. Wamblee Valley Road						
City	Conifer	State	CO	ZIP	80433	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
John G.		Rivera					
Inventor's Signature						Date	
Residence: City	Reading	State	PA	Country	US	Citizenship	US
Post Office Address	5300 Oley Turnpike Road						
Post Office Address	5300 Oley Turnpike Road						
City	Reading	State	PA	ZIP	19606	Country	US



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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Lisa M.		Lim					
Inventor's Signature						Date	
Residence: City	Mill Creek	State	WA	Country	US	Citizenship	US
Post Office Address	15906 29 th Drive SE						
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Inventor's Signature						Date	
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Post Office Address	12553 S. Wamblee Valley Road						
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City	Conifer	State	CO	ZIP	80433	Country	US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname						
John G.	Rivera						
Inventor's Signature						7/15/01 Date	
Residence: City	Reading	State	PA	Country	US	Citizenship	US
Post Office Address	5300 Oley Turnpike Road						
Post Office Address	5300 Oley Turnpike Road						
City	Reading	State	PA	ZIP	19606	Country	US



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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Victor D.		Dolecek					
Inventor's Signature	<i>Victor D Dolecek</i>					Date	7-25-2001
Residence: City	Englewood	State	CO	Country	US	Citizenship	US
Post Office Address	6607 S. Atchinson Way						
Post Office Address	6607 S. Atchinson Way						
City	Englewood	State	CO	ZIP	80111	Country	US